

(Reproduce this form as needed)

## PASTOR DEACON MINISTRY CONFERENCE

April 9-10, 2010 ❖ Immanuel Baptist Church, Shawnee, Oklahoma

**REGISTRATION FEE: \$15 PER PERSON**

*(Registration is complete after full payment is received.)*

**Deadline for reservations: Thursday, April 1 (No refunds after this date, only substitutions)**

**Mail completed form to: Pottawatomie-Lincoln Baptist Association, 3800 N Market, Shawnee, OK 74804**

**Make checks payable to: Pottawatomie-Lincoln Baptist Association**

CHURCH NAME \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CHURCH PHONE \_\_\_\_\_ ASSOCIATION NAME \_\_\_\_\_

***Please register each person individually (including spouses). PRINT NAMES CLEARLY.***

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

4. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

5. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

6. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

7. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

8. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

9. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

10. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate position:

Deacon \_\_\_\_\_ Deacon's Wife \_\_\_\_\_ Pastor \_\_\_\_\_ Pastor's Wife \_\_\_\_\_

Church Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Staff's Spouse \_\_\_\_\_

MAIL COMPLETED FORM TO:

PASTOR DEACON MINISTRY CONFERENCE  
Pottawatomie-Lincoln Baptist Association  
3800 N Market  
Shawnee, OK 74804

MAKE CHECKS PAYABLE TO:

Pottawatomie-Lincoln Baptist Association

*Questions? Call: 405.273.4558 or 1.800.706.0897 (fax 405.273.8478)*

**REGISTRATION FEE: \$15 PER PERSON**  
**Deadline for reservations: Thursday, APRIL 1, 2010**